Name in Full (Not Named) Bowers

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Baratow County: Calvert

Date of death: 1904 Month: Nov Day: 10 Age: Years: Months: Days: 7

Sex: Male Color or Race: White Birthplace: Calvert Co

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Ernest C Bowers Father's Birthplace: Calvert Co

Mother's Maiden Name: Nannie M King Mother's Birthplace: Calvert Co

Name of person giving information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis How long: 7 days

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: I. M. King M.D.

Address: Baratow Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mrs Fannie Bowers

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dowell's; County: Calvert

Date of death	Month	Day	Age Years	Months	Days
1904	nov	11	72		

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female

Color or Race: white

Birthplace: Calvert Co

Occupation: Home Keeper

Where Residing if not at place of death:

~~Married, Single~~ or Widowed

Name of Wife or Husband: Abraham Bowers

Father's Name: John W Simms

Father's Birthplace: Calvert Co

Mother's Maiden Name: Jane Harrison

Mother's Birthplace:

Name of person giving Imformation: Abraham Bowers

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hepatic Congestion — How long

Immediate: Senile Debility — How long 10 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Elwood Huggins

Address: Bunca Vista Md.

Accident or Suicide?

LIBRARY BUREAU A96618

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Barstow County: Calvert

Date of death: Month: Nov Day: Seventh Years: 1904 Age: Months: Days: 7

Sex: Male Color or Race: White Birthplace: Calvert Co

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Ernest C. Bowen Father's Birthplace:

Mother's Maiden Name: Nannie M. King Mother's Birthplace:

Name of person giving Information: 105 How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Inflammation of bowels How long: 4 days

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: L. M. King MD

Address:

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Richard H. Chase

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Nork — 22 1904 — County: Dal. Co. Md.

Date of death: Month: — Day: 1904

Age: Years: 69 — Months: — Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: Colored — Birthplace: Dal. Co. Md.

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: Richard Chase — Father's Birthplace:

Mother's Maiden Name: Nellie Brown — Mother's Birthplace:

Name of person giving In formation: Marcellus Toney — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease — How long: 2 yrs

Immediate: 79 — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John. T Brooks

Address: Mulmer

Accident or Suicide? Natural

LIBRARY BUREAU A88518

Name in Full: Sylvester Coats

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lower Marlboro — County: Calvert

Date of death 1904: Month: Nov. — Day: 9

Age: Years: — Months: 1 — Days: 7

Sex: Male — Color or Race: Black — Birthplace: Cal. Co.

Married, Single or Widowed: — Occupation:

Name of Wife or Husband:

Father's Name: John E Coats — Father's Birthplace: Cal. Co.

Mother's Maiden Name: Julia Chase — Mother's Birthplace: " "

Name of person giving In formation: Dennis Chase — How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Bronchitis — How long: 1 wk

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. W. Tuttle

Address: Huntingtown

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: William Gray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lusby; County: Calvert

Date of death: 1904 Month: Nov. Day: 12

Age: Years: — Months: 1 Days: —

Sex: Male

Color or Race: Colored

Birthplace:

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Bud Gray

Father's Birthplace: Calvert Co

Mother's Maiden Name: Carrie Gray

Mother's Birthplace: Calvert Co

Name of person giving information: Ben Gray

How related to deceased: Father

CAUSES OF DEATH

Primary: Enteritis

How long: 1 month

Immediate:

How long:

105

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Gy. F. Chamberlain MD

Address: Lusby, Calvert Co

Accident or Suicide?

LIBRARY BUREAU A8001G

Name in Full: Clara May Grover

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lusby — County: Calvert

Date of death 1904: Month: Nov — Day: 18. — Age: Years: 20 — Months: 7 — Days:

Sex: Female — Color or Race: White — Birthplace: Calvert Co

Occupation: — — — — — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: William T. Grover — Father's Birthplace: Calvert Co

Mother's Maiden Name: Sarah Elizabeth Hall — Mother's Birthplace: Calvert Co

Name of person giving information: William T. Grover — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gun Shot Wound — How long:

Immediate: Shock — How long: 48 Minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Les L. Tucker M.D.

Address: Cove Point, Calvert Co Md

Accident ~~or Suicide~~?

LIBRARY BUREAU A88818

Name in Full: James Lawrence Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Olivett — County: Calvert

Date of death: Month: Nov — Day: 16 — Years: - - — Months: 1 — Days: 6

Sex: Male — Color or Race: Colored — Birthplace: Calvert Co

Occupation: — — — — — Where Residing if not at place of death: — —

Married, Single or Widowed: — — — Name of Wife or Husband: — — —

Father's Name: Charley Johnson — Father's Birthplace: Calvert Co

Mother's Maiden Name: Estella Johnson — Mother's Birthplace: Calvert Co

Name of person giving Information: Charles Johnson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Yelow Jaundice — How long: 6 days

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas L. Tucker M.D.

Address: Cove Point, Calvert Co. Md

~~Accident or Suicide?~~

LIBRARY BUREAU A66816

Name in Full: Infant

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Adelina — County: Calvert

Date of death 1904 — Month: Nov — Day: 19 — Age: Years: Born dead — Months — Days

Sex: — — Color or Race: Black — Birthplace: Adelina

Occupation: — — Where Residing if not at place of death:

Married, Single or Widowed: — — Name of Wife or Husband:

Father's Name: Basil Kelson — Father's Birthplace: Calvert Co

Mother's Maiden Name: Laura Gross — Mother's Birthplace: " "

Name of person giving Imformation: Emma E Rhodes — How related to deceased: Grd. mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: S. — How long:

Immediate: Pstillbirth born — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. M. King M.D.

Address: Barlow Md

Accident or Suicide?

LIBRARY BUREAU A69916

Name in Full: Ella May Marquess

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chesapeake Beach; County: Calvert

Date of death 1904: Month: Nov; Day: 23; Years: Age; Months: 1; Days: 14

Sex: Female; Color or Race: white; Birthplace: Chesapeake Beach

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Filmore Marquess; Father's Birthplace: Calvert Co

Mother's Maiden Name: Ella Parks; Mother's Birthplace: Friendship

Name of person giving Information: Filmore Marquess; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: Five days

Immediate: Heart Failure; How long: Several hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. L. Brayshaw

Address: Friendship Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Rachel Wheatly

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Mt. Harmony; County: Calvert

Date of death 1904: Month: Nov; Day: 17; Years: Age 47; Months; Days

Sex: Female; Color or Race: Colored; Birthplace: Fair Haven

Married, Single or Widowed: Married; Occupation: Invalid

Name of Wife or Husband: Aleck Wheatly

Father's Name: Charles Willis; Father's Birthplace: Md

Mother's Maiden Name: Caroline Marshall; Mother's Birthplace: Md

Name of person giving In formation: Frank Wills; How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis; How long: Several years

Immediate: Exhaustion and Heart Failure; How long: One week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. L. Brayshaw

Address: Friendship Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88519